

# Perception of difficult patient and coping methods in primary healthcare institutions

Perception of difficult patient and coping methods

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## Abstract

**Aim:** Although there is no definitive definition of the concept of difficult patient, patients with behavior that hinders communication are characterized as "difficult patient" by the most general definition we encounter in the literature. In this study, it is intended to determine the sociodemographic characteristics of difficult patients most frequently encountered by healthcare workers, and to investigate the discomfort felt by the employees during difficult patient interviews and methods of coping with difficult patients.

**Materials and Methods:** The universe of the research consisted of 268 healthcare workers working in primary health care institutions located in Elazig city center. Without going to sample selection, reaching the entire universe was targeted, and 248 (92.5%) healthcare workers were reached. In the research, a Questionnaire of Difficult Patient was created and used as a data collection tool, including 38 questions, validity and reliability of which were made by us and determined as a result of a comprehensive literature review. Each expression was examined in 4 dimensions as follows: 'Patient's Difficulty, Discomfort Felt by the Staff, Compliance and Communication Problems, and Seductive Behaviors' with a 5-point Likert scale. Besides, in the questionnaire, there were the sections that questioned the demographic characteristics of participants and difficult patients and also two open-ended questions for measuring the incidence of a difficult patient and determining methods of coping with difficult patients.

**Results:** According to the healthcare workers participated in the study, the most frequently encountered sociodemographic characteristics of difficult patients were determined as follows: 50,4 % were male, 44,8% young-adult, 85.1% married, 32.7% primary and secondary school graduates, 62.5% were at middle socioeconomic level, 30.6% homemakers, 29% officers, and 87,1% were from the city. It was observed that as a method of coping with difficult patients, healthcare workers mostly preferred to try to understand and communicate correctly.

**Discussion:** The mean dimensions of the patient's difficulty, discomfort felt by the staff, and compliance and communication problems were calculated above 3, which was the midpoint, and the mean dimension of seductive behaviors was below 3. This indicates that healthcare professionals are very uncomfortable with difficult patients and have difficulty communicating with them. In our study, it was remarkable that female employees considered female patients, male employees considered male patients, and healthcare workers at the high school, associate, and an undergraduate level also considered more male patients as a difficult patient. Moreover, the present study draws attention to the efforts of employees to understand difficult patients, communicate with them, and act calmly and patiently, their willingness at a lower rate, even to a small extent, to refer patients, and the fact that they preferred legal ways by calling security.

## Keywords

Difficult patient; Patient communication; Coping methods

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## Introduction

Protecting patients from possible harm, and restoring their health are among the duties of healthcare institutions. The most important goal of the health sector is the obligation to provide the patient's benefit. This goal has, therefore, been developed day by day. The recent patient-health worker interviews aim to focus on communication. In the provision of health services, it is likely that some problematic situations will arise that would cause reduced quality of communication between patient-health worker. Almost all healthcare workers have experienced difficult interactions with patients throughout their professional life.

When the literature review was done, patients were generally considered to be the source of difficulty in patient-health-care communication, and it has given birth to 'difficult patient' definition [1]. If we look at some definitions made in the literature, patients who do not cooperate with a healthcare worker, who are dissatisfied with the health service provided, who refuse treatment, who do not take medications prescribed by the physician [2], patients undergoing treatment with several physicians at the same time, who create difficulties for hospital worker during treatment, who persistently requires pain relief [3], patients who are always angry and anxious, who do not trust hospital staff in any way, who are not easy to deal with, they threaten, harm, threaten the hospital staff with violence and suicide [4], and patients who always find defects in the service provided, scold the hospital staff, and not honestly talk about their disease are defined as difficult patients.

Corney et al. [5] found, as a result of their case studies, that factors triggered patients to be difficult were composed of three components. The components that made up this triple effect were patient factors, physician factors, and physician-patient communication factors. Gerrard and Riddell [6] evaluated patient behaviors (behaving demandingly, punitive, malicious, manipulative, and cunning, and not being honest), the character of the physician, beliefs of patients and physicians and differences between their cultures, complexity of medical problems, social and environmental factors, and incomplete patient information given to the physician as the reasons why patients were difficult.

The interaction between patient and healthcare professional is a process that affects all healthcare workers, such as physicians, nurses, and healthcare technicians. At the same time, the families of these individuals would indirectly have to live this effect. For this reason, after an encounter with a difficult patient, when healthcare employees feel unhappy, disappointed, and exhausted, these situations will also be reflected in their close friends [7]. Given all this, difficult patient interviews can cause dissatisfaction of the patient and health worker and disappointment of the patient and healthcare worker [8]. Besides, these may cause both sides to be offended by each other, other patients, and healthcare workers and may cause anger [9]. Other studies in the literature demonstrate that difficult patient interviews can also cause deliberate non-compliance by the patient with the treatment, deterioration in the psychological status of the patient and healthcare worker, lawsuits brought by both sides to each other, exposure of the family of the parties and immediate surroundings to the negative influence of this situation, increased health costs, perception of

the healthcare workers of the workload more than ever, and feeling of burnout in the healthcare workers. Effective health communication, defined as the main component of healthcare [10], can occur between patient and physician, nurse, technician, health professionals, etc.; it could also be realized between physician and patient in the basic sense. In addition, sometimes, mass media such as television, the internet, newspapers may also be involved in this process [11]. To establish healthy communication with difficult patients, firstly, the beginning of communication should be given importance, the patient should be asked open questions, the patient should be listened to, the situation described should be checked from the patient's point of view, and empathy should be established [12].

There are many practical and structured approaches that are suggested as a method for coping with difficult patients. The approaches suggested by Gillette et al. for difficult patients are listed as the following: e.g., (a) recognize problem behavior when it occurs, (b) capture the patient's perspective, (c) get the patient's structured history, which will also allow for psychosocial examination, (d) perform a routine physical examination on the patient, (e) scan lab results, (f) urgently apply each of the required tests, (g) inform the patient on time about the results and the plan you have made, (h) frame your goals within reasonable limits, (i) schedule regular appointments, (j) then gradually increase the interval between appointments, (k) keep appointments short and focus on the patient in this short time, (l) do not be afraid to touch the patient when necessary, (m) offer the patient something to do, such as exercise or diet, (n) choose the medicine you will write for the patient carefully, (o) involve the patient's family and friends in the treatment process, (p) work with your colleagues or staff, (r) stay away from humiliating descriptions that will cause negative behavior in the patient [13].

Establishing healthy communication with the patient based on honesty, empathy, and trust is the first step to prevent patients from becoming difficult. The patients often become difficult because of being misunderstood by their physicians [14].

Good communication makes the physician feel good. It reveals that challenges that seem insurmountable can be brought to a better position. At the same time, the physician could be supported by such a tool to make the right clinical decisions. Besides, it ensures the reduction of patient complaints and the experience of fewer legal problems. Considering the benefit for the patient, good communication increases patient satisfaction and also affects overall health outcomes positively [15].

In this study, it was aimed to identify common characteristics of difficult patients that healthcare workers faced with, to investigate patients' degree of difficulty, how employees felt when coping with difficult patients, and coping methods of health workers with such patients.

## Material and Methods

The universe of this descriptive research is composed of healthcare workers working in primary healthcare institutions located in Elazig city center. Without going to sample selection, reaching the entire universe was targeted. According to the data received from Elazig Provincial Health Directorate, the number of employees in primary healthcare institutions was

268, and 248 (92.5%) health personnel were reached. The research uses a 'Difficult Patient Questionnaire' consisting of 38 questions and checked for validity and reliability, as a data collection tool. The questionnaire was designed following a review of "Difficult Physician-Patient Questionnaire" of Hanh et al. [16] and a "Difficult Patient Interaction Questionnaire" prepared by S.E. Kistler at the Indiana State University Department of Psychology. Each response was evaluated with a 5 Likert scale starting from 'none' to 'quite a lot' on a scale and as Patient's Difficulty, Discomfort Felt by the Staff, Compliance, and Communication Problems, and Seductive Behaviors, it was examined in 4 dimensions. In addition, there were two open-ended questions to measure difficult patient incidence and to determine methods of coping with difficult patients, apart from sections that question demographic characteristics of the participants (7 questions) and demographic characteristics of difficult patients (7 questions) and 38 expressions, in the survey. The survey was applied to volunteers using face to face interview techniques between 15/06/2017 and 15/11/2017 after obtaining the Firat University Ethics Committee Approval and necessary permissions from Elazig Provincial Health. Descriptive statistics on data analysis were given as values with frequency, percentage, average, and standard deviation. The chi-square test was used to determine the significance of categorical variables. Analyzes were made with the SPSS 21.0 package program and were assessed at a significance level of  $p < 0.05$  in the 95% confidence interval.

**Results**

Among the participants, 75.8% were women, 45.2% were 40 years old, and above, 79.4% were married, 48.8% were undergraduate graduates, 54.4% were midwives, 28.2% were those with 21 years of professional experience, 36.5% preferred working in primary health care facilities due to the working hours of the institution. According to the health workers participating in the research, 50.4% of difficult patients were male, 44.8% were young adults, 32.7% were primary-secondary school graduates, 62.5% were at middle-socioeconomic level, 30.6% were homemakers, 85.1% were married, and 87.1% were from the city. The mean dimensions of the patient's difficulty, discomfort felt by the staff, and compliance and communication problem were calculated above 3, which was the midpoint. We calculated the mean dimension of seductive behavior under 3. As a result of the reliability analysis, the cronbach alpha value was found to be 0.907, which shows high reliability (Table 1). A significant difference between participants' gender, educational status, and professional variable and difficult patients' gender was detected; 54.8% of female employees appeared to describe females as a difficult patient, and 66.7% of male employees described men as a difficult patient. It was determined that 57,9 % of high school level employees considered females, 60,5 % of associate-level employees considered females, 50.4% of undergraduate-level employees considered females, 69.6% of graduate-level employees considered males as a difficult patient. Among physicians, 69.6% described males, 57% of midwives-nurses described females, and 85.7% of other healthcare workers described females as a difficult patient (Table 2).

**Table 1.** Psychometric Properties of the Difficult Patient Questionnaire

Survey Dimensions	Number of Expressions	Min. values	Max. values	$\bar{X}$	ss	Cronbach's Alpha
Patient's difficulty	16	1,75	4,38	3,472	0,512	0,817
The discomfort felt by the staff	14	2,07	5,00	3,854	0,600	0,852
Compliance and communication problem	5	1,80	4,20	3,141	0,486	0,728
Seductive behavior	3	1,00	4,67	2,381	0,728	0,740
<b>Total</b>	<b>38</b>	<b>2,16</b>	<b>4,41</b>	<b>3,528</b>	<b>0,479</b>	<b>0,907</b>

**Table 2.** Comparison of Healthcare Workers' Demographic Characteristics and Difficult Patients' Demographic Characteristics

Demographic Characteristics of Healthcare Workers	Difficult Patient Gender *		Test Values		
	Female*	Male*	$\chi^2$	p	
<b>Gender</b>					
Female	54,8 %	45,2 %	8,37	0,004	
Male	33,3 %	66,7 %			
<b>Education Status</b>					
High school	57,9 %	42,1 %	9,86	0,020	
Associate	60,5 %	39,5 %			
Undergraduate	50,4%	49,6 %			
Graduate	30,4 %	69,6 %			
<b>Profession</b>					
Physician	30,4 %	69,6 %	27,4	0,001	
Midwives-nurses	57,0 %	43,0 %			
Others	85,7 %	14,3 %			
<b>Difficult Patient's Socioeconomic Status *</b>					
	Low Socioeconomic Group *	Middle Socioeconomic Group*	High Socioeconomic Group *		
<b>Age</b>					
19-29 years	11,4 %	72,7 %	15,9 %	9,87	0,043
30-39 years	14,1 %	63,1 %	22,8 %		
≥ 40 years	27,7%	58,0 %	14,3 %		
<b>Profession</b>					
Physicians	28,3 %	60,9 %	10,9 %	10,5	0,032
Midwives-nurses	13,3 %	64,4 %	22,2 %		
Others	23,8 %	57,1 %	19,0 %		

**Table 3.** The Participants' Coping Methods with Difficult Patients

Coping method (What are you doing to cope with difficult patients?)	N(248)	%*
I try to understand and communicate correctly	52	21
I try to be calm and patient	50	20,2
I'm trying to convince	45	18,1
I am telling institution rules and procedures, if he/she wants, I say that he/she can change the physician	25	10,1
I try to get rid of the patient as soon as possible	22	8,9
I keep quiet and continue to do my work	17	6,9
I am acting authoritarian and decisively	12	4,8
I refer to a healthcare institution of a higher level	9	3,6
I call security, and I seek my legal rights	9	3,6
I want help from another colleague.	7	2,8

\*% (column percentage)

A significant difference was also found between participants' age and professional groups and difficult patients' socioeconomic status. We observed that employees aged 19-29 years, 30-39 years, and over 40 years mostly considered people of middle-socioeconomic status as difficult patients (Table 2).

There was a significant difference in participants' professions compared to difficult patients' professions. According to this, it was ascertained that 33.7% of physicians considered officers, 35.6% of midwives-nurses considered homemakers, 66.7% of other healthcare workers considered homemakers as difficult patients.

The answers to our question about what the participants are doing to cope with difficult patients were shown in Table 3. When the participants' coping methods with difficult patients were compared by variables of gender, profession, and marital status, statistically significant differences were detected ( $p < 0.05$ ). Whereas female employees stated that they were calm and patient, male employees that they tried to understand more and communicate correctly. It was also determined that physicians tried to convince difficult patients, and midwives-nurses, and other health personnel tried to understand and communicate correctly and to be calm and patient. We also observed that married individuals were calm and patient, single individuals preferred to seek their legal rights by calling security, divorced individuals tried to understand the patients and communicate correctly with them, and individuals whose spouses have passed away kept quiet and continued to do their work.

## Discussion

Among the healthcare workers participating in the present study, 75.8% were females, and 54.4% were midwives-nurses, and 37.1% were physicians. The average age of the healthcare professionals participating in the study was determined to be 37. It was also determined that 48.8% of the study participants were undergraduate graduates. Of healthcare workers included in our study, 28.2% had professional experience of 21 years and more, and 36.5% were the people who preferred to work at primary health care institutions due to the working hours of the institution.

According to the healthcare workers participating in the study, 50.4% of the most difficult patients whom they encountered were men. When some studies in the literature were examined, males more than females appeared to be defined as difficult patients [17,18]. In our study, health care workers more considered young adults and adult individuals as difficult patients. They have also stated that they have never considered the children to be difficult patients. In the study of Bilişli et al., only 4% of healthcare workers appeared to describe children as difficult patients [19].

The education level of the difficult patients that healthcare workers mostly encountered was primary-secondary school; their socioeconomic level was middle, they were married, they were homemakers and officers. Celik also found similar results in his study [20].

In the current study, the mean dimensions of the patient's difficulty, discomfort felt by staff, and compliance and communication problem were calculated above 3, which was the

midpoint. The mean dimension of seductive behavior was found to be under 3. Along with these values, it was also identified that healthcare workers defined the degree of difficulty of patients as 'a lot,' they felt much discomfort from difficult patients, and they had difficulty more in communicating with these patients. These data mentioned above were in parallel with many studies in the literature [20]. Again, we observed that difficult patients exhibited small amounts of seductive behaviors. Many foreign sources in the literature have reported that difficult patients exhibited rather high seductive behaviors [21]; and however, studies conducted in our country such as D. A. Tunca has reported in an 2019 thesis, seductive behaviors to be very low in difficult patients, similar to our research. It could be said that this situation stems from our social and cultural differences.

In our study, the gender of healthcare workers showed differences compared to the gender of difficult patients whom they encountered the most. Besides, female and male employees, respectively, defined female and male patients as a difficult patient at a higher percentage. This consideration of healthcare workers their own types of sex as difficult patients was in line with the results of a study performed by Bilişli et al. [19].

In our survey, we found a significant association between the education level of the participants and the gender of difficult patients. According to this, while healthcare workers at high school, associate, and undergraduate level more often described female patients as difficult patients, those at the graduate level described male patients. Moreover, we noted that physicians considered male patients, and midwives-nurses and other healthcare workers considered female patients as difficult patients. This situation coincides with the conclusion that graduate students are mostly physicians.

As a result of the comparison based on age ranges and professions of healthcare workers, the socioeconomic status of the most frequently encountered difficult patients was middle in all age and professional groups. A number of studies in the literature reached the result that the age and professional groups of the participants had no relationship with the socioeconomic status of difficult patients. In contrast, in our study, this situation was found statistically significant [19].

A significant relationship between professions of the difficult patients which are most often encountered by healthcare workers, and the professions of healthcare workers has been determined. Consequently, while physicians mostly described officers as difficult patients, midwives-nurses, and other health care workers mostly described homemakers. Many studies in the literature have not found a relationship between the participant's profession and the difficult patient's profession [19].

In our study, after the evaluation of the answers given by healthcare workers to the question 'What are you doing to cope with difficult patients?', it was seen that to a greater extent, they tried to understand and communicate with difficult patients and be calm and patient. Besides, to a lesser extent, they wanted to refer the patient, and preferred to seek their legal rights by calling security.

We established that coping methods of healthcare workers with

difficult patients differed according to the gender of healthcare workers. Regarding this, female employees stated that they were mostly calm and patient, and male employees stated that they tried more to understand and communicate correctly. Meanwhile, female employees preferred, to a lesser extent, to refer the patients to a higher level of a healthcare institution; male employees did not prefer forwarding patients to other colleagues. The coping methods with difficult patients of healthcare workers showed a significant difference according to their professions too. While physicians told that they were trying to convince difficult patients, midwives-nurses and other healthcare professionals told that they tried to understand them and communicate correctly with them and be calm and patient.

### Conclusions

According to our study results, healthcare workers defined the characteristics of difficult patients they encountered mainly as follows: male, married, young-adult, primary-secondary school graduate, people with a middle socioeconomic level, homemaker, officer, and people from the city. The average age of the healthcare professionals participating in the study was determined to be 37. It was observed that the employees felt discomfort so much as a result of encountering difficult patients and had difficulty communicating with patients; however, they thought patients' seductive behavior to be very low.

In our study, the methods preferred by healthcare workers to cope with difficult patients were shown by the following expressions respectively: e.g., (1) 'I try to understand and communicate correctly,' (2) 'I try to be calm and patient,' (3) 'I am trying to convince,' (4) 'Telling institution rules and procedures, if he/she wants, I say that he/she can change the physician,' (5) 'I try to get rid of the patient as soon as possible,' (6) 'I keep quiet and continue to do my work,' (7) 'I am acting authoritarian and decisively,' (8) 'I refer to a healthcare institution of higher level,' (9) 'I call security, and I seek my legal rights,' (10) 'I require help from another colleague.'

In the literature, by taking into account recommendations and strategies developed for coping with difficult patients, healthcare workers should be informed about this serious health issue. Establishing empathy with the patients without labeling them as difficult patients by healthcare workers and ensuring a qualified termination of the patient's care might be achieved by training these employees to improve their basic communication, conflict, and problem-solving skills.

### Scientific Responsibility Statement

The authors declare that they are responsible for the article's scientific content including study design, data collection, analysis and interpretation, writing, some of the main line, or all of the preparation and scientific review of the contents and approval of the final version of the article.

### Animal and human rights statement

All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. No animal or human studies were carried out by the authors for this article.

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### Conflict of interest

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